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Deliver to: Williams, Catherine Serke, USPTO Art Group: 3763
Facsimile No.: 703-872-9306 Date: August 18, 2004
From: William Thomas Babbitt, Reg. No. 39,591
Our Docket No.: 3764P002 Number of pages 14 including this sheet.
Application No.: 09/475,768 Filing Date: 12/30/1999
Docket Due Date(s): 8/4/2004 9/4/2004

Enclosed are the following documents:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

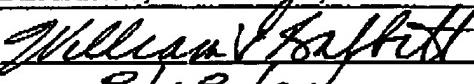
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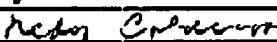
Nedy Calderon 08/18/2004
Nedy Calderon Date

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/475,768
		Filing Date	December 30, 1999
		First Named Inventor	Pinaki Ray
		Art Unit	3763
		Examiner Name	Williams, Catherine Serke
Total Number of Pages in This Submission	13	Attorney Docket Number	3764P002

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/ Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks PLEASE CHARGE DEPOSIT ACCOUNT NO. 02-2666 FOR ONE EXTENSION OF TIME IN THE AMOUNT OF \$110.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	William Thomas Babbitt, Reg. No. 39,591 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP	
Signature	 8/18/04	
Date		

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Typed or printed name	Nedy Calderon		
Signature		Date	8/18/04

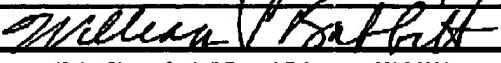
Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wvr) 08/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2004		Complete if Known	
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Examiner Name	Williams, Catherine
TOTAL AMOUNT OF PAYMENT (\$)		Art Unit	3763
110.00		Attorney Docket No.	3764P002

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																																																																										
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1503	840	2503	320																																																																																																																																				
1460	130	2460	130																																																																																																																																				
1807	50	1807	50																																																																																																																																				
1806	180	1806	180																																																																																																																																				
8021	40	8021	40																																																																																																																																				
1809	770	1809	385																																																																																																																																				
1810	770	2810	385																																																																																																																																				
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*Reduced by Basic Filing Fee Paid																																																																																																																																							
SUBTOTAL (3) (\$ 110.00)																																																																																																																																							
Method of Payment <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input checked="" type="checkbox"/> None Deposit Account Deposit Account Number 02-2666 Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP The Commissioner is authorized to: (check off that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR 88 1.18, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account																																																																																																																																							
FEE CALCULATION 1. BASIC FILING FEE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity</th> <th style="width: 15%;">Small Entity</th> <th style="width: 70%;">Fee Description</th> <th style="width: 10%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code</td><td>Fee (\$)</td></tr> <tr><td>1001</td><td>770</td><td>2001</td><td>325</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td></tr> <tr><td>1003</td><td>630</td><td>2003</td><td>265</td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>325</td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td></tr> <tr><td colspan="2">SUBTOTAL (1) (\$)</td><td colspan="2"></td></tr> </tbody> </table> 2. EXTRA CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Total Claims</th> <th style="width: 15%;">Extra Claims</th> <th style="width: 15%;">Fee from below</th> <th style="width: 10%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>30</td><td>47</td><td>0</td><td>18.00</td></tr> <tr><td>Independent Claims</td><td>2</td><td>4</td><td>0</td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr> <tr><td colspan="2">SUBTOTAL (2) (\$)</td><td colspan="2">0.00</td></tr> </tbody> </table> <p>*or number previously paid, if greater. For Reissues, see below.</p>				Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	325	1002	340	2002	170	1003	630	2003	265	1004	770	2004	325	1005	160	2005	80	SUBTOTAL (1) (\$)				Total Claims	Extra Claims	Fee from below	Fee Paid	30	47	0	18.00	Independent Claims	2	4	0	Multiple Dependent				SUBTOTAL (2) (\$)		0.00																																																																																	
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SUBMITTED BY		Complete if applicable		
Name (Print/Type)	William Thomas Babbitt	Registration No. (Attorney/Agent)	39,591	Telephone (310) 207-3800
Signature			Date	8/18/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman, (ver) 02/10/2004.